

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

CONSUMER CONFIDENCE REPORT CERTIFICATE OF DELIVERY

PWS NAME:	WATER SYSTEM NAME	
PWS ID:	KSXXXXXX	
confidence rep making a good department on Further, the s	ommunity public water supply system named above hereby coport (CCR), covering the calendar year 2006 was distributed at faith effort to distribute the report to non bill paying custom (date), and appropriate notice yetem certifies that the information contained in the report is onitoring data previously submitted to the Kansas Department of	to all bill paying customers also mers, and the local county health es of availability have been given. s correct and consistent with the
Certified by:	Name:	
	Title:	
	Address: City:	Zip:
	Phone No:	
	E-mail:	
	Date:	
Return to:	Patti Croy Bureau of Water Public Water Supply Section 1000 SW Jackson; Suite 420 Topeka, KS 66612-1367	